Case 18-23486-RG Doc 56 Filed 04/06/21 Entered 04/06/21 12:42:16 Desc Main Document Page 1 of 7

| Fill in this info | rmation to identify your | case: | J |
|---------------------|---------------------------|------------------------|-----------|
| Debtor 1 | Dominick Garrets | son | |
| | First Name | Middle Name | Last Name |
| Debtor 2 | Barbara Garretso | n | |
| (Spouse if, filing) | First Name | Middle Name | Last Name |
| United States E | Sankruptcy Court for the: | DISTRICT OF NEW JERSEY | |
| Case number | 18-23486 | | |
| | | | |

Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

| info | is complete and accurate as possible. If two married people are filing together, both are equally responsible formation. Fill out all of your schedules first; then complete the information on this form. If you are filing amendor original forms, you must fill out a new <i>Summary</i> and check the box at the top of this page. | | |
|------|--|--------------|--------------------------|
| Par | t 1: Summarize Your Assets | | |
| | | Your a | ssets of what you own |
| 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ | 324,059.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | 32,067.00 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | \$ | 356,126.00 |
| Par | t 2: Summarize Your Liabilities | | |
| | | | abilities t you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ | 303,779.00 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ | 0.00 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$ | 11,850.00 |
| | Your total liabilities | \$ | 315,629.00 |
| Par | t 3: Summarize Your Income and Expenses | | |
| 4. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$ | 7,832.00 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$ | 6,742.00 |
| Par | t 4: Answer These Questions for Administrative and Statistical Records | | |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you | ur other scl | hedules. |
| 7. | ■ Yes What kind of debt do you have? | | |
| | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159. | a personal, | , family, or |
| | Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this | box and s | ubmit this form to |
| ~" | cial Form 4000 mg | | |

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Debtor 1 Dominick Garretson
Debtor 2 Barbara Garretson

Case number (if known) 18-23486

the court with your other schedules.

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

9,451.00

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Total | claim |
|--|-------|-------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 0.00 |

| Fill in this information to | o identify your case: | |
|---------------------------------|---|---|
| Debtor 1 | Dominick Garretson | |
| Debtor 2 (Spouse, if filing) | Barbara Garretson | |
| United States Bankrup | tcy Court for the: DISTRICT OF NEW JERSEY | |
| | 23486 | Check if this is: |
| (If known) | | An amended filing |
| | | A supplement showing postpetition chapter 13 income as of the following date: |
| Official Form | 1061 | MM / DD/ YYYY |

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pai | t 1: Describe Employment | | | |
|-----|---|-----------------------|----------------------------------|-------------------------------|
| 1. | Fill in your employment information. | | Debtor 1 | Debtor 2 or non-filing spouse |
| | If you have more than one job, | Employment status | ■ Employed | ☐ Employed |
| | attach a separate page with information about additional | Employment status | ☐ Not employed | ■ Not employed |
| | employers. | Occupation | Service Manager | |
| | Include part-time, seasonal, or self-employed work. | Employer's name | DCH Honda of Nanuet | |
| | Occupation may include student or homemaker, if it applies. | Employer's address | 10 N Rte 304 Nanuet, NY 10954 | |
| | | How long employed the | here? 14 years | |

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 1

For Debtor 2 or

non-filing spouse List monthly gross wages, salary, and commissions (before all payroll 8,300.00 0.00 deductions). If not paid monthly, calculate what the monthly wage would be. 3. Estimate and list monthly overtime pay. 3. 0.00 0.00 Calculate gross Income. Add line 2 + line 3. 8,300.00 0.00

Schedule I: Your Income Official Form 106I page 1

| 5. Lis | py line 4 here | | For I | Debtor 1 | | | |
|------------------|---|-------------------|----------|---------------|----------------------|--------------------|----------|
| 5. Lis | | | | Jebioi i | For Debto | | |
| | | 4. | \$ | 8,300.00 | \$ | 0.00 | |
| _ | t all payroll deductions: | | | | | | |
| 5a. | Tax, Medicare, and Social Security deductions | 5a. | \$ | 380.00 | \$ | 0.00 | |
| 5b. | · · · · · · · · · · · · · · · · · · · | 5b. | \$ | 0.00 | \$ | 0.00 | |
| 5c. | Voluntary contributions for retirement plans | 5c. | \$ | 0.00 | \$ | 0.00 | |
| 5d. | Required repayments of retirement fund loans | 5d. | \$ | 0.00 | \$ | 0.00 | |
| 5e. | Insurance | 5e. | \$ | 12.00 | \$ | 0.00 | |
| 5f. | Domestic support obligations | 5f. | \$ | 0.00 | \$ | 0.00 | |
| 5g. | Union dues | 5g. | \$ | 0.00 | \$ | 0.00 | |
| 5h. | Other deductions. Specify: MedEPO | 5h.+ | \$ | 700.00 | + \$ | 0.00 | |
| | Dental | | \$ | 105.00 | \$ | 0.00 | |
| | Vision | | \$ | 21.00 | \$ | 0.00 | |
| 6. Ad | d the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | \$ | 1,218.00 | \$ | 0.00 | |
| 7. C a | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$ | 7,082.00 | \$ | 0.00 | |
| 8a. 8b. | profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. Interest and dividends | 8a. 8b. | \$ \$ | 0.00 | \$ | 0.00 | |
| 8c. | Family support payments that you, a non-filing spouse, or a depender regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 1 t 8с. | \$ | 0.00 | \$ | 0.00 | |
| 8d. | Unemployment compensation | 8d. | \$ | 0.00 | \$ | 0.00 | |
| 8e. | Social Security | 8e. | \$ | 0.00 | \$ | 0.00 | |
| 8f. 8g. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income | ce 8f. 8g. | \$ | 0.00 | \$ \$ | 0.00 | |
| 8h. | Other monthly income. Specify: Pro Rata Tax Refund | 8h.+ | \$ | 750.00 | + \$ | 0.00 | |
| 9. Ad | d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$ | 750.00 | \$ | 0.00 | |
| | Iculate monthly income. Add line 7 + line 9. d the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. \$ | 7 | ,832.00 + \$_ | 0.0 | 0 = \$ | 7,832.00 |
| Inc oth Do | te all other regular contributions to the expenses that you list in <i>Schedu</i> lude contributions from an unmarried partner, members of your household, you er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are no ecify: | ur depend | | | ed in <i>Sched</i> u | ule J. . +\$ | 0.00 |
| Wr | d the amount in the last column of line 10 to the amount in line 11. The relate that amount on the Summary of Schedules and Statistical Summary of Certains | | | | | | 7,832.00 |
| 13. Do | you expect an increase or decrease within the year after you file this form. | m? | | | | Combine monthly | |

| | | ation to identify y | | | | | | |
|------------|--|---|---|--|---|------------------------------|--------------------------------------|--|
| Deb | otor 1 | Dominick G | arretson | | | | t if this is: An amended filing | |
| | otor 2 ouse, if filing) | Barbara Gar | retson | | | | A supplement show | wing postpetition chapter the following date: |
| Unit | ted States Bank | ruptcy Court for the | : DISTRI | CT OF NEW JERSEY | | <u> </u> | MM / DD / YYYY | |
| Cas | e number 1 | 8-23486 | | | | | | |
| (If k | nown) | | | | | | | |
| Of | fficial Fo | orm 106J | | | | | | |
| S | chedule | J: Your | Exper | ises | | | | 12/1 |
| Be info | as complete ormation. If n mber (if know | and accurate as nore space is ne n). Answer eve | s possible. eded, atta ry questio | . If two married people ar ich another sheet to this | | | | |
| Par 1. | t 1: Desc Is this a joi | ribe Your House | ∌hold | | | | | |
| •• | □ No. Go to | | | | | | | |
| | _ | | in a separ | ate household? | | | | |
| | ■ N | | st file Offici | ial Form 106J-2, <i>Expense</i> s | for Separate House | hold of Debto | or 2. | |
| 2. | | | | | | | | |
| ۷. | - | e dependents? | | Fill out this information for | Daman dantia valati | amahin ta | Dependent's | Dago damandant |
| | Do not list D Debtor 2. | eptor 1 and | Yes. | Fill out this information for each dependent | Dependent's relati Debtor 1 or Debtor | | Dependent's age | Does dependent live with you? |
| | Do not state | the | | | | | | □ No |
| | dependents | names. | | | Daughter | | 9 years | Yes |
| | | | | | Daughter | | 16 years | □ No ■ Yes |
| | | | | | Daugittei | | - To years | ■ Yes □ No |
| | | | | | | | | ☐ Yes |
| | | | | | | | | □ No |
| | | | | | | | | ☐ Yes |
| 3. | expenses of | penses include of people other t d your depende | than 🖂 | No Yes | | | | |
| Par | | nate Your Ongoi | | | | | | |
| exp | imate your e benses as of blicable date. | a date after the | our bankri bankruptc | uptcy filing date unless y sy is filed. If this is a supp | ou are using this fo blemental <i>Schedule</i> | orm as a sup J, check the | plement in a Cha box at the top o | apter 13 case to report of the form and fill in the |
| the | | h assistance an | | government assistance i cluded it on <i>Schedule I:</i> \ | | | Your exp | enses |
| 4. | | or home owners nd any rent for th | | nses for your residence. I or lot. | nclude first mortgage | 4. \$ | | 1,850.00 |
| | If not include | ded in line 4: | | | | | | |
| | 4a. Real | estate taxes | | | | 4a. \$ | | 0.00 |
| | | erty, homeowner' | s, or renter | 's insurance | | 4b. \$ | | 50.00 |
| | | | | upkeep expenses | | 4c. \$ | | 200.00 |
| | 4d. Home | eowner's associa | tion or cond | dominium dues | | 4d. \$ | | 0.00 |

0.00

5. Additional mortgage payments for your residence, such as home equity loans

| | | ick Garretson ra Garretson | Case num | ber (if known) | 18-23486 |
|-----|---|---|--------------|----------------|-------------------------------|
| 200 | Dai Dai | | Case nam | (ii idiowii) | |
| 6. | Utilities: 6a. Electrici | ty, heat, natural gas | 6a. | ¢ | 290.00 |
| | | sewer, garbage collection | 6b. | | <u>290.00</u> 110.00 |
| | - | ne, cell phone, Internet, satellite, and cable services | 6c. | | 610.00 |
| | 6d. Other. S | | 6d. | · | 0.00 |
| 7. | | usekeeping supplies | 7. | | 900.00 |
| 8. | | d children's education costs | 8. | | 300.00 |
| 9. | | ndry, and dry cleaning | 9. | · | 200.00 |
| 10. | Personal care | products and services | 10. | \$ | 175.00 |
| 11. | Medical and | dental expenses | 11. | \$ | 50.00 |
| 12. | | n. Include gas, maintenance, bus or train fare. | | | 400.00 |
| | | car payments. | 12. | | 400.00 |
| | | t, clubs, recreation, newspapers, magazines, and books | 13. | | 250.00 |
| | | ntributions and religious donations | 14. | \$ | 100.00 |
| 15. | Insurance. | insurance deducted from your pay or included in lines 4 or 20. | | | |
| | 15a. Life insu | | 15a. | \$ | 0.00 |
| | 15b. Health i | | 15b. | · | 0.00 |
| | 15c. Vehicle | insurance | 15c. | \$ | 425.00 |
| | 15d. Other in | surance. Specify: | 15d. | \$ | 0.00 |
| 16. | Taxes. Do not | include taxes deducted from your pay or included in lines 4 or 20. | | | |
| | Specify: | | 16. | \$ | 0.00 |
| 17. | | r lease payments: | 47- | • | 400.00 |
| | | ments for Vehicle 1 | 17a. | · | 429.00 |
| | | ments for Vehicle 2 | 17b. 17c. | | 303.00 |
| | 17c. Other. S | | 17d. 17d. | | 0.00 |
| 10 | | ts of alimony, maintenance, and support that you did not report a | | Φ | 0.00 |
| 10. | | n your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I). | | \$ | 0.00 |
| 19. | | nts you make to support others who do not live with you. | | \$ | 0.00 |
| | Specify: | | 19. | | |
| 20. | | operty expenses not included in lines 4 or 5 of this form or on Sch | | | |
| | | ges on other property | 20a. | | 0.00 |
| | 20b. Real es | | 20b. | | 0.00 |
| | | /, homeowner's, or renter's insurance | 20c. | · · | 0.00 |
| | | ance, repair, and upkeep expenses | 20d. | | 0.00 |
| 24 | | wner's association or condominium dues | 20e. | | 0.00 |
| 21. | Other: Specify | Miscellaneous Expenses | 21. | +\$ | 100.00 |
| 22. | Calculate you | r monthly expenses | | | |
| | 22a. Add lines | 4 through 21. | | \$ | 6,742.00 |
| | 22b. Copy line | 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | | \$ | |
| | 22c. Add line 2 | 22a and 22b. The result is your monthly expenses. | | \$ | 6,742.00 |
| 23 | Calculate voi | r monthly net income. | | | |
| 20. | - | ie 12 (your combined monthly income) from Schedule I. | 23a. | \$ | 7,832.00 |
| | | our monthly expenses from line 22c above. | 23b. | | 6,742.00 |
| | |) - 1 | | | <u> </u> |
| | | t your monthly expenses from your monthly income. | | • | 1 000 00 |
| | The res | ult is your <i>monthly net income</i> . | 23c. | \$ | 1,090.00 |
| 24. | For example, do modification to the No. | et an increase or decrease in your expenses within the year after y you expect to finish paying for your car loan within the year or do you expect you ne terms of your mortgage? | | | ease or decrease because of a |
| | ☐ Yes. | Explain here: | | | |
| | | | | | |

| Fill in this info | rmation to identify your | case: | | |
|---------------------|---------------------------|----------------------|-----------|--|
| Debtor 1 | Dominick Garrets | son | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | Barbara Garretso | n | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States E | Bankruptcy Court for the: | DISTRICT OF NEW JERS | SEY | |
| Case number | 18-23486 | | | |
| (if known) | | | | |
| | | | | |

Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Sign Below | |
|---|---|
| Did you pay or agree to pay someone who is | s NOT an attorney to help you fill out bankruptcy forms? |
| ■ No | |
| Yes. Name of person | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119) |
| | |
| Under penalty of perjury, I declare that I have that they are true and correct. X /s/ Dominick Garretson | e read the summary and schedules filed with this declaration and X /s/ Barbara Garretson |
| that they are true and correct. X /s/ Dominick Garretson Dominick Garretson | X /s/ Barbara Garretson Barbara Garretson |
| that they are true and correct. X /s/ Dominick Garretson | X /s/ Barbara Garretson |